

**Scituate Community Preservation Committee  
Funding Request Form**

DATE and YEAR of Application: September 2016

**APPLICANT INFORMATION**

Project Sponsor or Organization: Scituate Housing Authority

Contact Name & Address: Kathy DeMarsh

Telephone Number: 781-545-3375 Email: Kdemarsh@scituateha.org

**PROJECT INFORMATION**

CPA CATEGORY (check all that apply):

☐ OPEN SPACE

☐ RECREATION

☐ HISTORIC PRESERVATION

☒ COMMUNITY HOUSING

NAME OF PROJECT: Lawson Green Apartments

BRIEF DESCRIPTION OF PROJECT: Development of 30 affordable  
senior rental apartments

*Attach additional pages including summary, budget, estimated timeline and justification of need.*

Project Location or Address: Central Park Dr.

*Include map, photo and other imagery for ALL category projects.*

*If Open Space or Community Housing:*

Assessor's Map Page, Block & Lot Number: \_\_\_\_\_

Number of acres in parcel: 3±

Current Zoning Classification: "Residence R-2"

Assessed Value: \_\_\_\_\_

Title in name of: SHA Title Abstract Date: \_\_\_\_\_

Number of housing units proposed: 30

Summarize how this request benefits the Town of Scituate and meets the goals of the Community Preservation Act.

This project will add 30 100% affordable rental units to the housing stock serving seniors in the 30% and 60% AMI demographic

#### PERMITS AND APPROVALS

What permits and approvals are required? Have they been obtained or have you filed for them?

Name of Permit	Filed? (Y/N)	Filed (Date)	Obtained (Date)

Have you met with any other Town Boards or committees? If so, what were the outcomes of those meetings? (Letters of support from other Boards and committees should be included in the application or supplied at a later date.)

We introduced the project to the BOS, they were very receptive and we have worked closely with AHT from the beginning.

Notes: \_\_\_\_\_

What non-financial support and services are necessary, and how will these be provided?

#### FUNDING

Describe the proposed funding for this project. Identify other sources you are seeking funds from, and whether those funds are secured. Identify any funds you or your organizations are willing to provide.

The project will be financed using investment from the developer, debt financing, Low income tax credit financing (LIHTC), State Affordable Housing Trust funds, HOME grants and Scituate Affordable Housing Trust.

### Proposed Funding

Total Project Cost	CPC Funds Requested	Sources of Funds other than CPA	Amount	Funding Secured? (Y/N)*
\$ 8.2m	\$ 1.9m	LIHTC	\$ 2.1m	N
		Developer Equity	\$ 800K	Y
		Debt	\$ 1.3	N
		AHTF + HOME	\$ 1.6	N
		Scituate AHT	\$ 600K	Y

\* If the request is still outstanding, when do you expect to hear a decision?

#### OTHER COMMENTS

Provide any other information you think the CPC should be aware of in evaluating your request for funding.

Lawson Green Apartments will provide much needed affordable rental housing for some of Scituate's most vulnerable residents with 100% of the units being off

By signing below, the Applicant represents he/she is duly authorized, agrees to the terms and conditions and all other requirements of this Application and agrees to be bound thereby if funding is granted for the Project.

Date: 9/29/16 Signature: [Signature]

#### FOR COMMUNITY PRESERVATION COMMITTEE USE

This request received by Scituate CPC on \_\_\_\_\_

Copies provided to CPC Members on \_\_\_\_\_

Additional information required: \_\_\_\_\_

#### Committee Vote

Votes:	Yes / No	Votes: Y/N/Abstain	Date
Recommend to Town Meeting			

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_